



**TREATMENT CONTINUES?**  
**YES-continue with next flow sheet**  
**NO-complete discharge info below**

Continuation Phase		Monthly Evaluation		Y		N		Monthly Evaluation		Y		N		Monthly Evaluation		Y		N		Monthly Evaluation		Y		N		DISCHARGE			
<b>Start Date</b> ____/____/____		Date: ____/____/____		Date: ____/____/____		Date: ____/____/____		Date: ____/____/____		Date: ____/____/____		Date: ____/____/____		Date: ____/____/____		Date: ____/____/____		Date: ____/____/____		Date: ____/____/____		Date: ____/____/____		Date: ____/____/____		<b>DATE:</b> ____/____/____			
<b>Weight</b> _____(from last evaluation)		Weight _____		Weight _____		Weight _____		Weight _____		Weight _____		Weight _____		Weight _____		Weight _____		Weight _____		Weight _____		Weight _____		Weight _____		Weight _____		<b>Documentation:</b>	
<b>Confirm biweekly DOT schedule:</b> <b>Mon/Thurs or Tue/Fri (circle one)</b>		<b>SYMPTOM REVIEW</b>		<b>SYMPTOM REVIEW</b>		<b>SYMPTOM REVIEW</b>		<b>SYMPTOM REVIEW</b>		<b>SYMPTOM REVIEW</b>		<b>SYMPTOM REVIEW</b>		<b>SYMPTOM REVIEW</b>		<b>SYMPTOM REVIEW</b>		<b>SYMPTOM REVIEW</b>		<b>SYMPTOM REVIEW</b>		<b>SYMPTOM REVIEW</b>		<b>SYMPTOM REVIEW</b>		<b>SYMPTOM REVIEW</b>		<b>Reason for discharge:</b>	
		Cough		Cough		Cough		Cough		Cough		Cough		Cough		Cough		Cough		Cough		Cough		Cough		Cough		<input type="checkbox"/> Completion card finalized and given to client.	
		Hemoptysis		Hemoptysis		Hemoptysis		Hemoptysis		Hemoptysis		Hemoptysis		Hemoptysis		Hemoptysis		Hemoptysis		Hemoptysis		Hemoptysis		Hemoptysis		Hemoptysis		<input type="checkbox"/> Discharge education given per protocol	
		Fever / Chills		Fever / Chills		Fever / Chills		Fever / Chills		Fever / Chills		Fever / Chills		Fever / Chills		Fever / Chills		Fever / Chills		Fever / Chills		Fever / Chills		Fever / Chills		Fever / Chills		<input type="checkbox"/> Client not available to receive completion card	
		Night Sweats		Night Sweats		Night Sweats		Night Sweats		Night Sweats		Night Sweats		Night Sweats		Night Sweats		Night Sweats		Night Sweats		Night Sweats		Night Sweats		Night Sweats		<b>Reason for discharge:</b>	
		↓ Appetite		↓ Appetite		↓ Appetite		↓ Appetite		↓ Appetite		↓ Appetite		↓ Appetite		↓ Appetite		↓ Appetite		↓ Appetite		↓ Appetite		↓ Appetite		↓ Appetite		<input type="checkbox"/> Completed therapy	
		Weight Loss		Weight Loss		Weight Loss		Weight Loss		Weight Loss		Weight Loss		Weight Loss		Weight Loss		Weight Loss		Weight Loss		Weight Loss		Weight Loss		Weight Loss		<input type="checkbox"/> Moved, case transferred	
		Fatigue/Weakness		Fatigue/Weakness		Fatigue/Weakness		Fatigue/Weakness		Fatigue/Weakness		Fatigue/Weakness		Fatigue/Weakness		Fatigue/Weakness		Fatigue/Weakness		Fatigue/Weakness		Fatigue/Weakness		Fatigue/Weakness		Fatigue/Weakness		<input type="checkbox"/> Lost	
		<b>SIDE EFFECTS</b>		<b>SIDE EFFECTS</b>		<b>SIDE EFFECTS</b>		<b>SIDE EFFECTS</b>		<b>SIDE EFFECTS</b>		<b>SIDE EFFECTS</b>		<b>SIDE EFFECTS</b>		<b>SIDE EFFECTS</b>		<b>SIDE EFFECTS</b>		<b>SIDE EFFECTS</b>		<b>SIDE EFFECTS</b>		<b>SIDE EFFECTS</b>		<b>SIDE EFFECTS</b>		<input type="checkbox"/> Uncooperative or Refused	
		Nausea / vomiting		Nausea / vomiting		Nausea / vomiting																							

[illegible]

Last Name	First Name	DOB	Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Language	Interpreter needed Yes <input type="checkbox"/> No <input type="checkbox"/>
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